

**REQUEST FOR YOUR OWN
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)
OR
VEHICLE/VESSEL REGISTRATION (VR) INFORMATION RECORD
FEE: \$5.00 FOR EACH CURRENT RECORD**

**DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD OR
YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.**

REQUESTER'S INFORMATION PLEASE PRINT CLEARLY

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE

()

SIGNATURE

X

DATE

Check box(es) for type of record(s) you are requesting.

☐ **DRIVER LICENSE/ID RECORD
(Complete boxes A & B)**

A. CALIF. DRIVER LICENSE/ID NUMBER

B. BIRTH DATE (MO/DAY/YR)

☐ **VEHICLE/VESSEL REGISTRATION RECORD
(Complete boxes C & D)**

C. CALIF. LICENSE/CF NUMBER

D. VEHICLE/VESSEL ID NUMBER

DMV USE ONLY

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to DMV Headquarters:

Department of Motor Vehicles
P. O. Box 944247 MS D146
Sacramento, CA 94244-2470

INF 1125 (REV. 10/95)

Complete if mailing. Send information to: (Print your name and address clearly.)

NAME

ADDRESS

CITY

STATE

ZIP CODE